Cardiovascular Medicine
Equbal Kalani, MD, FACC
Board Certified in Cardiology and Internal Medicine

ICANL Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

International Board of Heart Rhythm Examiners
Certified Cardiac Device Specialist
Physician

1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. Ph: 727-943-2880. Fax: 727-943-2878

# INFORMED CONSENT FOR MICROSTAB PHLEBECTOMY

In-Office Ambulatory Microphlebectomy Under Local Anesthesia

Patient Name | Date of Birth | Date

Diagnosis / Indication | Treating Clinician

**Treatment Leg:** ☐ Right ☐ Left ☐ Bilateral

Veins / Areas to be Treated

## PURPOSE OF THE PROCEDURE

Microstab phlebectomy, also called microphlebectomy, ambulatory phlebectomy, or stab avulsion, is a minimally invasive procedure used to remove visible or symptomatic superficial varicose veins through very small skin punctures or incisions. The goal is to reduce symptoms and/or the prominence of the treated varicose veins. Varicose vein disease can be chronic and recurrent, and new veins may develop after treatment.

## DESCRIPTION OF THE PROCEDURE

The veins to be treated are marked, the skin is cleansed, and local anesthetic is injected around the treatment areas. Small punctures or incisions are made next to the varicose veins. A small hook or similar instrument is inserted through the openings and segments of the abnormal superficial veins are removed. The openings are usually small enough that sutures are not required, although closure strips, adhesive, dressings, or sutures may be used when appropriate. Compression dressings and/or stockings may be applied after the procedure. I will usually remain awake during the procedure.

## EXPECTED BENEFITS AND LIMITATIONS

Potential benefits include removal of targeted surface varicose veins and improvement in associated aching, heaviness, tenderness, swelling, or cosmetic appearance. Results cannot be guaranteed. Some veins may remain, recur, or become visible later. If underlying venous reflux is present, additional treatment such as endovenous ablation, sclerotherapy, or another procedure may be recommended.

## RISKS AND POSSIBLE COMPLICATIONS

- Pain, burning or stinging from local anesthetic; tenderness, bruising, swelling, bleeding, or hematoma.
- Allergic or adverse reaction to local anesthetic, antiseptic, adhesive, dressing material, or other medications/materials used.
- Infection, delayed wound healing, blistering, skin irritation, ulceration, skin necrosis, or persistent drainage.
- Temporary or permanent skin discoloration, hyperpigmentation, visible scars, keloid formation, dimpling, contour irregularity, or cosmetic dissatisfaction.
- Inflammation or superficial thrombophlebitis, including tenderness or a firm cord along a treated or residual vein.
- Temporary or persistent numbness, tingling, altered sensation, nerve irritation or injury, dysesthesia, or rarely painful neuroma.
- Persistent swelling, lymphatic leakage, lymphocele, or other lymphatic injury.
- Deep vein thrombosis (DVT) and, rarely, pulmonary embolism (PE), which can be serious or life-threatening.
- Residual vein segments, incomplete removal, recurrence of varicose veins, development of new varicose veins, or need for additional procedures.
- Rare or unforeseen complications may occur despite appropriate technique.

## LOCAL ANESTHESIA

I understand that local anesthetic, commonly lidocaine or another local anesthetic solution, will be used. Injection can cause temporary burning or discomfort. Potential complications include allergic or toxic reactions, changes in heart rate or blood pressure, dizziness, ringing in the ears, metallic taste, numbness around the mouth, tremor, seizure, or other reactions. Serious systemic reactions are uncommon when local anesthetic is used appropriately.

☐ I consent to the use of local anesthesia for this procedure.

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**ALTERNATIVES**

Alternatives may include continued observation, compression stockings and other conservative measures, sclerotherapy, endovenous thermal or nonthermal ablation when appropriate, surgical treatment, or no procedure at this time. The suitability of these options depends on the location and source of my venous disease.

**AFTER THE PROCEDURE**

I will follow the office's wound-care, compression, walking, activity, medication, and follow-up instructions. Bruising, soreness, and localized swelling can occur during recovery. I should contact the office for increasing redness, warmth, drainage, fever, worsening pain or swelling, persistent bleeding, or other concerning symptoms. New significant shortness of breath, chest pain, coughing blood, fainting, or other possible symptoms of pulmonary embolism require urgent medical evaluation.

**PATIENT ACKNOWLEDGMENT AND CONSENT**

I have had the nature and purpose of microstab phlebectomy, expected benefits, limitations, risks, possible complications, alternatives, and the use of local anesthesia explained to me. I understand that no guarantee has been made regarding the result. I have informed the clinical team of my medical conditions, medications including blood thinners, allergies, prior reactions to local anesthetics or adhesives, history of blood clots, infections, pregnancy status when applicable, and other relevant information. I have had an opportunity to ask questions and my questions have been answered to my satisfaction. I voluntarily authorize my clinician and appropriate clinical personnel to perform the procedure described above.

**PATIENT QUESTIONS / ADDITIONAL COMMENTS**

**SIGNATURES**

Patient / Authorized Representative Signature (type name if electronically signing)

Date / Time

Printed Name

Relationship to Patient (if applicable)

Clinician Signature (type name if electronically signing)

Date / Time

Witness Signature (type name if electronically signing)

Date / Time

*Practice template: Review and adapt to applicable law, institutional policy, current professional guidance, the anesthetic used, and the patient's individual circumstances before clinical use.*